Approved for use through 10/31/2002. OMB 0851-0032

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					Complete if Known						
FEE TRANSMITTAL				Application Number 09/468,896							
for FY 2002				Filing Date			12/10/99				
101112002											
Patent tees are subject to annual revision.				First Named Inventor Examiner Name			Michael J. Molinari				
TOTAL AMOUNT OF PAYMENT (\$) 860					Attorney Docket No. DIVA/038						
MEYHOD OF PAYMENT (check one)					FEE CALCULATION (configued)						
The Commissioner is hereby authorized to charge					ITIONAL	FEES					
1. Indicated fees and credit any over psyments to:					Large Entity		Small Entity				
				Fee Code	Fee	Fee	Fee	Fee Da	escription	Fee Paid	
	Deposit Account 50-1316				(\$)	Code 205	(\$) 65	Surcharge - late f	ilies fee or oath		
Number				105 127	130 50	205 227	25		novisional Ming fee		
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Deposit Account DIVA Systems Corporation				139	130	139	130	Non-English spec			
Name				147	2,520	147	2,520		st for reexamination		
☐ Charge Any Additional Fee Required Under \$7 CFR 1.16 and 1.17				112	220°	112	320°	Requesting public Examiner action	cation of SIR prior to		
Applicant claims small critity status. Seg 37 CFR 1.27				113	1,840*	113	1,840*	Requesting public Examiner action	cation of SIR after		
	t Enclosed:			115	110	215	55	Extension for rep	ly within first month	110	
☐ Check	☐ Credit ⇔rd ☐		ther	116	400	216	200	Extension for rep month	ly within second		
		Order		117	920	217	460	Extension for rep	ty within third month		
FEE CALCULATION 1. BASIC FILING FEE					1,440	218	720	Extension for reply within fourth month			
Large Entity 5				128	1,960	228	980	Extension for rep	ily within fifth month		
	-	escription		119	320	219	160	Notice of Appeal			
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•		iling fee	750	121	280	221	140	Request for oral	_		
	_	ifiling fee		138	1,510	138	1,510	Petition to institution proceeding	té a bripijo nee		
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SUBTOTAL (1) (5) 750				142	1,290	242	640	Utility issue fee (or relissus)		\perp	
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2. EXTRA CLAIM FEES				144	620	244	310	Plant issue foe Petitions to the Commissioner			
	Extra Clain		Fee Paid	122	1 30 50	122 123	130 50		inder 37 CFR 1.17 (q)	 	
Total Claims	-20 ** = 0	×	= 0	123 126	180	128	180		rometlon Disclosure		
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Dependent	Small Entity	×	= [0]	146	740	245	370		ion aller linal rejection		
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**or number previously paid, if greater. For Raissucs, see above											
Complete (if applicable)											
SUBMITTED BY					Con	Diere (n ahbugabig)					
								T-/hans	(733)680-040A		

Registration No. Attorney/Agent) Name (Print/Type) Date Signature

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PTO/SB/29A (08-00)
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